EXHIBIT B

, 08-01789-cgm Doc 840-2 Filed 11/16/09 Entered 11/16/09 21:12:43 Exhibit B Pg 2 of 17

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Claim Number

		ate Received
	BERNARD L. MADOFF INVESTMENT SECURITI	ES LLC
	In Liquidation	
(Please prin	DECEMBER 11, 2008 nt or type)	
Mailing Ad	stomer: <u>Richard G. Eaton</u> dress: <u>G Greens Way</u>	
City: <u>Neu</u>	J Rochelle State: NY Z D.: 1-CM366	ip: 10805
	D. Number (Social Security No.): 164-24-260	5
S P R R S L	THE ACCOMPANYING INSTRUCTION SHEET. A SEPARHOULD BE FILED FOR EACH ACCOUNT AND, TO ROTECTION AFFORDED UNDER SIPA, ALL CUSTOMI ECCIVED BY THE TRUSTEE ON OR BEFORE MATERICATIVED AFTER THAT DATE, BUT ON OR BEFORE JUBJECT TO DELAYED PROCESSING AND TO BEING SESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YERTIFIED MAIL - RETURN RECEIPT REQUESTED.	RECEIVE THE FULL FR CLAIMS MUST BE th 4, 2009. CLAIMS July 2, 2009, WILL BE SATISFIED ON TERMS OUR CLAIM FORM BY
1. CI	aim for money balances as of December 11, 2008:	
a.	The Broker owes me a Credit (Cr.) Balance of	s o MA
b.	I owe the Broker a Debit (Dr.) Balance of	\$
C.	If you wish to repay the Debit Balance, please insert the amount you wish to repay and	
	attach a check payable to "Irving H. Picard, Esq.,	
•	Trustee for Bernard L. Madoff Investment Securitie	s LLC."
	If you wish to make a payment, it must be enclose	ed
	with this claim form.	\$O
d.	If balance is zero, insert "None."	D
•		

502180406

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM AN	/ SECURITIES YOU H	IAVE IN YOUR POSSESSION
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		YES _	NO
a.	The Broker owes me securities		
b.	I owe the Broker securities		✓
C.	If yes to either, please list below:		
÷			of Shares or ant of Bonds
Date of Transaction (trade date)	Name of Security	The Broker Owes Me (Long)	I Owe the Broker (Short)
	See November 30, 2008		·
	Account Statement at		
· ·	Exhibit B	Annual Manageria and Annual	
	-		
•			

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		<u> </u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		
	Please list the full name and address of anyone assis preparation of this claim form: Brian J. Neville, & 1412 Broadway, Suite 1407, New York, NY	sting you in the Esq., Lox & Ne 10018	ville, LLP,

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If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date <u>June 29 2009</u>	Signature_	Holly R. Eaton
Date	Signature_	HOLLY R. EATON AS ATTORNEY-IN-FACT FOR RICHARD & FATON

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, *e.g.*, corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

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LAX & NEVILLE, LLP ATTORNEYS AT LAW

1412 Broadway, Suite 1407 New York, NY 10018 Tel (212) 696-1999 Fax (212) 566-4531 www.laxneville.com

> OF COUNSEL: DAVID S. RICH

BARRY R. LAX BRIAN J. NEVILLE

BRIAN MADDOX SANDRA P. ESPINOSA RAQUEL TERRIGNO

AMENDED CLAIM

June 30, 2009

VIA FEDERAL EXPRESS

Irving H. Picard
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Avenue, Suite 800
Dallas, TX 75201

RE: Richard G. Eaton - Account No. 1-CM366/Bernard L. Madoff Investment Securities LLC Dear Mr. Picard:

This firm represents Richard G. Eaton and has assisted him in the preparation of his amended Bernard L. Madoff Investment Securities LLC ("Madoff Securities" or "Madoff") SIPC Customer Claim Form. On March 3, 2009, Dr. Eaton filed his SIPC Customer Claim Form for Account No. 1-CM366. At the time of the filing, Dr. Eaton was misinformed as to how the form should be completed. Therefore, Holly Eaton, as attorney-in-fact, is submitting a new SIPC Customer Claim Form on behalf of Dr. Eaton. Attached as Exhibit A is the Durable General Power of Attorney. Please substitute Dr. Eaton's previous form with the SIPC Customer Claim Form enclosed herein. Below is a description of the relationship between Dr. Eaton and Madoff Securities. The statements made in this letter are true and accurate to the best of our knowledge and belief, and are being provided to support Dr. Eaton's SIPC claims.

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Irving H. Picard June 30, 2009 Page 2 of 3

In or about 1994, Dr. Eaton opened an IRA with Madoff Securities. Dr. Eaton withdrew funds from his account with Madoff for living and medical expenses and for tax payments. He also took statutorily required minimum distributions for IRA accounts, starting in 2000 when he turned 70 ½ years old. The balance in Dr. Eaton's account as of November 30, 2008 is \$3,873,684.28. Dr. Eaton's November 30, 2008 account statement is attached as Exhibit B.

Dr. Eaton and his wife, DuRee Eaton, are 79 and 78 years old, respectively, and have been married for 55 years. Dr. Eaton invested the majority of his retirement funds with Madoff Securities, and has lost it all. Dr. and Mrs. Eaton's income is now significantly diminished. Dr. and Mrs. Eaton are in very poor health, and need to pay for expensive medical, elderly care Because of their poor health and age, Dr. Eaton and his wife are unable to resume work.

Dr. Eaton received account statements from Madoff indicating the purchases and sales of securities during that month, and listing each of the open securities positions held in the account. The securities listed on these statements were real, widely held securities and their prices could be readily verified against objective and publicly available market information. Based upon the account statements and the confirmations, Dr. Eaton at all times expected to have those securities in his account. Dr. Eaton always believed SIPC coverage would cover the securities listed as being in his account should Madoff Securities ever fail.

CONCLUSION

Richard G. Eaton is seeking the full protection of SIPA for his account as follows:

- Account No: 1-CM366

Richard G. Eaton

 $Total = \underline{\$3,873,684.28}$

Irving H. Picard June 30, 2009 Page 3 of 3

If there are any questions regarding this matter or if you require additional documents and information, please do not hesitate to contact me. Thank you.

Very truly yours, Lax & Neville, LLP

By:

Brian I Navilla

ENC.

EXHIBIT A

General Fower of Attorney, Statutory Short Form, Durable Form (Rev. 1/06) Exhibit B

. 08-01789-cgm

(amended 9/1/1999 for acknowledgement) Filed 11/16/09 Entered 11/16/09 21:12:43 Doc 840-2

DURABLE GENERAL POWER OF ATTORNEY **NEW YORK STATUTORY SHORT FORM**

THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE SHOULD YOU BECOME DISABLED OR INCOMPETENT

(CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY DURING YOUR LIFETIME, WHICH MAY INCLUDE POWERS TO MORTGAGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THESE POWERS WILL CONTINUE TO EXIST EVEN AFTER YOU BECOME DISABLED OR INCOMPETENT. THESE POWERS ARE EXPLAINED MORE FULLY IN NEW YORK GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15, SECTIONS 5-1502A THROUGH 5-1503, WHICH EXPRESSLY PERMIT THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY.

THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS. YOU MAY EXECUTE A HEALTH CARE PROXY TO DO THIS.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

Airicle 5, Title 15 of t	to constitute a DURABLE GENERAL POWER OF ATTORNEY pursuant to the New York General Obligations Law: ARD G. EATON , 6 Greens Way, New Rochelle, NY 10805 (insert your name and address) HOLLY EATON ,
(If 1 person (If 2 or more pe	n is to be appointed agent, insert the name and address of your agent above) ersons are to be appointed agents by you insert their names and addresses above)
my attorney(s)-in-fac (If more than one ag in one of the blank sp	t TO ACT ent is designated, choose one of the following two choices by putting your initials paces to the left of your choice:) y SEPARATELY act.

(If neither blank space is initialed, the agents will be required to act TOGETHER)

IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law and to the extent that I am permitted by law to act through an agent:

(DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you want to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(Q)", and you may then put your initials in the

biank	(spa	ce to the left of subdivision "	(Q)" in	ord	ler to grant each of the powers so indicated)
() (P	(i) real estate transactions;	` ()	(I) personal relationships and affairs;
(3) chattel and goods ansactions	()	(J) benefits from military service;
	tra	c) bond, share and commodity ansactions;	()	(K) health care billing and payment matters; records, reports and statements;
) banking transactions;	()	(L) retirement benefit transactions;
		i) business operating ansactions;	((M) making gifts to my spouse, children and more remote descendants, and parents, not to exceed in the aggregate \$10,000 to each of such persons in any year;
) (F) insurance transactions;	()	(N) tax matters;
) (G	s) estate transactions;	į ()	(O) all other matters;
) (H	l) claims and litigation;	()	(P) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or
		initial here-	(B)	persons whom my attorney(s)-in-fact shall select; (Q) each of the above matters identified by the following letters: A, B, C, D, E, F, H, K, L, M, N, O, P

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of Section 5-1503 of the New York General Obligations Law.)

Notwithstanding any other provision of this power of attorney to the contrary, I authorize my attorney-in-fact to create, amend and fund trusts on my behalf and to make gifts, both in trust and outright, including gifts in excess of \$10,000 per year, including gifts of real property, and including gifts to any person or entity. I explicitly authorize my attorney-in-fact to make gifts to himself (or herself).

This durable power of attorney shall not be affected by my subsequent disability or incompetence.

If every agent named above is unable or unwilling to serve, I appoint

(Insert name and address of successor)

to be my agent for all purposes hereunder.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

THIS DURABLE GENERAL POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME.

(YOU SIGN HERE:) = => (Signature of Principal)

RICHARD G. EATON

STATE OF NEW YORK, COUNTY OF WESTCHESTER:

On the Day of My in the year 2009, before me, the undersigned, personally appeared RICHARD G. EATON, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

[NOTE: if the acknowledgment of the principal is taken outside NY State, please enter the name of the State or country in the caption above. In such case, the following lines are added to and made a part of this acknowledgment:

and that such individual made such appearance before the undersigned in the

. State of

(insert the city or other political subdivision and the State or couptry or other place the acknowledgment was taken)]

Notary seal

My commission expires: 4/30/2010

RICHARD C. VEITH Notary Public, State of New York No. 4757694 Qualified in Westchester County

Commission Expires April 30, 18 20 16

EXHIBIT B

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11/30/09 2 11/3	MADF	BERNARD L. MADOFF INVESTMENT SECURITIES LLC New York London	MADOFF CURITIES L.C ondon	·	885 Third Avenue New York, NY 10622 (212) 230-2424 800 334-1343		Madoff Securi	Madoff Securities International Limited O 12 Berkeley Street O Mayfair, London W11 81T O Tel 020 7493 6222
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